

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
APPLICATION FOR SHORT-TERM EXEMPTION
FROM SURFACE WATER QUALITY STANDARDS FOR
EMERGENCY REMEDIATION/PESTICIDE APPLICATION - 75-5-308, MCA**

App No.:	_____
Date Rec'd.:	_____
Date Issued:	_____

This form may be filled out on-screen, then printed, signed, and submitted. Please do not submit via e-mail or fax.
Department policy requires original signatures and payment of all required fees before document review may begin.

1. Owner:

Name:

Mailing Address:

Telephone:

2. Contractor or licensed/certified-licensed pesticide applicator responsible for the activity:

Name:

Mailing Address:

Telephone:

For pesticide application, the following information is required.

Licensed Commercial Certified Commercial Private Government

LICENSE NUMBER:

EXPIRATION DATE:

SPECIFIC CLASSIFICATIONS:

3. Name of water body:

Type of water body:

Name of downstream water body:

4. County (or counties) of the construction/application site:

5. Legal description: TWN RNG SECTION QTR SECTION

6. Date activity will commence: **Projected date of completion:**

7. List applications submitted to other agencies or entities for additional permits or authorizations and the status of those applications (approved on what date; denied on what date; pending, submittal date).

Responses to Questions 8-11 may require additional sheets, plans and specifications, or other information to fully describe project.

8. Describe proposed activity.

9. Discuss any alternatives to the proposed action that were or may be considered.

10. Describe any measures planned to minimize or eliminating harmful or detrimental impacts to beneficial uses (non-target aquatic life, public health, and recreation).

11. Describe how this activity will be monitored.

PREPARED BY:

TITLE:

SIGNATURE: _____

DATE: _____

Return to: Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901

Phone: (406) 444-3080
Fax: (406) 444-1374

DEQ estimates processing time for this application to be 30 - 60 days.

This document must be prepared by Contractor/Applicator and submitted with the 308 application form.

This form may be filled out on-screen, then printed, signed, and submitted. Please do not submit via e-mail or fax. Department policy requires original signatures and payment of all required fees before document review may begin.

Name of Project:

Describe how treated waters will be disposed?

Phone: (406) 444-3080
Fax: (406) 444-1374